PTO/SB/82 (01-06) Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

cond to a collection of information unless it displays a valid OMB control number.	
Application Number	10/755,985
Filing Date	01/13/2004
First Named Inventor	BLISCHAK, Brian
Art Unit	3763
Examiner Name	MCCORKLE, Melissa A.
Attorney Docket Number	02-036 US

I hereby revoke all previous powers of attorney given in the above-identified application.	
A Power of Attorney is submitted herewith.	
OR	
✓ I hereby appoint the practitioners associated with the Customer Number: 35320	
Please change the correspondence address for the above-identified application to:	
▼ The address associated with Customer Number: 38320	
R	
Tim or Individual Name	
ddress	
ity State Zip	
ountry	
elephone Email	
mthe: Applicant/Inventor.	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
SIGNATURE of Applicant or Assignee of Record	
ignature Sund	
ame Peter R. Lando, Vice President Intellectual Property Affairs	
ate [6-3(-90) Telephone 972-309-8509	
OTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one inature is required, see below.	
Problem Communication Communic	

The collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public winho is to the (sets by the USFTO to proceed) an application. Confidentiativity is governed by \$3 U.S. C. 1.22 and 2.7 CFR 1.14 and 1.1. This collection is estimated to take 1 must no complete to expect the complete of application form to the USFTO. Time will very depending upon the individual case. Any common the amount off the you require to complete this form another designation is about the sense to the Collection of the USFTO. Time will very depending upon the individual case. Any common the amount off the you require to complete this form and/or supgestions for me reducing this burdent, should be sent to the Chief Information Ciferc, U.S. Department of Commonce, P.O. 180: 1450, Alexandria, V.A. 2231-1450. DO NOT SERIO FEES OR COMPLETED FORMS TO THIS ADDRESS. SERIO TO: Commissionor for Patients, P.O. 080: 1450, Alexandria, V.A. 2231-3450.